

bleeding as a complication of pulmonary infection. The possibility of pulmonary hemorrhage should be considered in patients with AIDS who experience rapid respiratory deterioration. Although 11 of our patients (20%) had evidence of recent pulmonary emboli, only small distal vessels were involved in all but two. Thus, it is unlikely that thromboembolic disease contributed significantly to morbidity or mortality in most of our patients.

In conclusion, we emphasize that pulmonary disease in the patient with AIDS often is not completely characterized by one or even two diagnoses. Coexisting infection particularly due to CMV, Kaposi's sarcoma, or nonspecific pathologic processes such as diffuse alveolar damage or pulmonary hemorrhage may complicate what would superficially appear to be a clearly defined disorder. In some cases, the complete pulmonary diagnosis may require invasive procedures or an extended period of time for identifying a pathogenic organism. Therefore, a diagnostic strategy aimed at defining the pulmonary disease as thoroughly as possible must be planned early in the evaluation. As newer and possibly more effective treatment modalities for the various pulmonary complications of AIDS become available, refinement of the diagnostic process will become increasingly important.

REFERENCES

1. Murray JF, Felton CP, Garay SM, et al: Pulmonary complications of the acquired immunodeficiency syndrome—Report of a National Heart, Lung, and Blood Institute workshop. *N Engl J Med* 1984; 310:1682-1688
2. Marchevsky A, Rosen MJ, Chrystal G, et al: Pulmonary complications of the acquired immunodeficiency syndrome: A clinicopathologic study of 70 cases. *Hum Pathol* 1985; 16:659-670
3. Nash G, Fligiel S: Pathologic features of the lung in the acquired immune deficiency syndrome (AIDS): An autopsy study of seventeen homosexual males. *Am J Clin Pathol* 1984; 81:6-12
4. Reichert CM, O'Leary TJ, Levens DL, et al: Autopsy findings in the acquired immune deficiency syndrome. *Am J Pathol* 1983; 112:357-382
5. Welch K, Finkbeiner W, Alpers CE, et al: Autopsy findings in the acquired immune deficiency syndrome. *JAMA* 1984; 252:1152-1159
6. Coleman DL, Dodek PM, Luce JM, et al: Diagnostic utility of fiberoptic bronchoscopy in patients with *Pneumocystis carinii* pneumonia and the acquired immunodeficiency syndrome. *Am Rev Respir Dis* 1983; 128:795-799
7. Broadus C, Dake MD, Stulbarg MS, et al: Bronchoalveolar lavage and transbronchial biopsy for the diagnosis of pulmonary infections in the acquired immunodeficiency syndrome. *Ann Intern Med* 1985; 102:745-752
8. Ognibene FP, Steis RG, Macher AM, et al: Kaposi's sarcoma causing pulmonary infiltrates and respiratory failure in the acquired immunodeficiency syndrome. *Ann Intern Med* 1985; 102:471-475
9. Centers for Disease Control: Update on acquired immunodeficiency syndrome (AIDS): United States. *MMWR* 1982; 31:507-508, 513-514
10. Edelstein PH: Legionnaires' Disease Laboratory Manual, document No. PB84156827. Springfield, Va, National Technical Information Service, 1984
11. Katzenstein AL, Bloor CM, Leibow AA: Diffuse alveolar damage—The role of oxygen, shock, and related factors. *Am J Pathol* 1976; 85:209-228
12. Polsky B, Gold JWM, Whimby E, et al: Bacterial pneumonia in patients with the acquired immunodeficiency syndrome. *Ann Intern Med* 1986; 104:38-41
13. Barrett NR: The pleura: With special reference to fibrothorax. *Thorax* 1970; 25:515-524
14. McCauley DI, Naidich DP, Leitman BS, et al: Radiographic patterns of opportunistic lung infections and Kaposi sarcoma in homosexual men. *AJR* 1982; 139:653-658

Book Review

The Western Journal of Medicine does not review all books sent by publishers, although information about new books received is printed elsewhere in the journal as space permits. Prices quoted are those given by the publishers.

Management of Spinal Cord Injuries

Edited by Ralph F. Bloch, MD, PhD, FRCP(C), Associate Professor of Medicine, McMaster University Faculty of Health Sciences, and Director of Neurotrauma Program, Chedoke Rehabilitation Centre, and Mel Basbaum, MSW, Social Work Department, Chedoke-McMaster Hospital, Chedoke Rehabilitation Centre, Hamilton, Ontario, Canada. Williams & Wilkins, 428 E Preston St, Baltimore, MD 21202, 1986. 447 pages, \$53.50.

The reluctance with which I embarked on fulfilling my commitment to writing a review of this book changed to delight as soon as I encountered the crisp clarity and insight in its pages.

"Injuries to the spinal cord are among the most devastating physical insults an individual may suffer. They spare the mind, leaving intact all desires and aspirations, while rendering the body unable to obey many, if not most, of the commands necessary to achieve these goals.

"Of course tragedy still holds center stage in many cases. But with ideal management combined with the buoyant will of most human beings, many patients with spinal cord injuries bounce back with a vigor that never fails to thrill me."

A frank appraisal of controversies in neurosurgical and orthopedic management sets the pace for a critical review of the literature, combined with the opinions and experience of a multidisciplinary team of authors from Canada, England, and the US. The chapters on pain, autonomic dysfunction, respiratory pathophysiology, gastrointestinal complications, urinary tract infections, sexual function, and resocialization deserve particular praise for their concise, candid styles and thoroughness. Each chapter resembles an epitome of progress in spinal cord injury management.

The book is an excellent resource for physicians and allied health professionals who treat paraplegics and quadriplegics on a regular or even an occasional basis. It highlights the medical, technologic, and attitudinal advances through which tragedy often gives way to brilliant successes. In the words of Dr Frank Krusen, one of the fathers of rehabilitation medicine, "Now that we have added years to life, let us add life to years."

JULIE G. MADORSKY, MD

Medical Director
Spinal Cord Injury Program
Casa Colina Hospital for
Rehabilitative Medicine
Pomona, California

Clinical Associate Professor
Rehabilitation Medicine
University of California, Irvine

Clinical Assistant Professor
Psychiatry and Biobehavioral Sciences
University of California, Los Angeles